

196000000000000000000000

WYO-196 (01/07)

BYE: _____

LO#: _____

Missing or Lost Check

Your Name: _____

Address: _____

SSN: _____

Fill out the appropriate section and sign below.

☐ **CHECK NOT RECEIVED**

I have not received check _____ dated _____ for week(s) ending

_____. Please stop payment and reissue the check. If I do receive the original

later, I **will not** cash it. I will call Staci at (307) 235-3694 immediately and return the original check to the Wyoming Department of Employment.

☐ **CHECK LOST AFTER RECEIVED**

I have lost check # _____ dated _____ for week(s) ending

_____. Please stop payment and reissue the check. If I find the check later, I **will not**

cash it. I will call Staci at (307) 235-3694 immediately and return the original check to Wyoming Department of Employment.

☐ **DAMAGED CHECK**

Attached is the check I received for week(s) ending _____

Please reissue the damaged check.

☐ **FORGERY**

I did not cash check _____ dated _____. I have been informed that this check cleared the bank on _____. Please send a copy of the check, along with an affidavit of forged endorsements for me to complete.

Signature: _____ Date: _____

Office Use Only:

Wyoming Department of Employment, Unemployment Insurance Division
P.O. Box 2760 Casper WY 82602
FAX (307) 235-3251